

## **Highlights of the January 10, 2002 System Leadership Council Meeting**

### **1. Terrorism Update**

- Richard Kellogg and Charline Davidson updated the Council on activities related to Virginia's response to terrorism. Virginia has received all of the SAMHSA funds and FEMA funds for follow up to the regular services grant.
- Extensive information about our terrorism-related activities has been submitted to the Transition Team for the new administration.

### **2. FY 2002 and 2003 Budget Reductions**

- Richard Kellogg discussed the upcoming Senate Finance Human Resources Subcommittee presentation. The theme will be preserving services that interface with state facilities. While the presentation will mention the productivity savings in the Central Office and state facility reductions, most of the presentation will focus on our strategy for dealing with CSB reductions and describe our efforts to reduce CSB workload (e.g., POMS streamlining) while preserving accountability. The presentation will discuss reductions in community services that affect state facilities.
- Mary Ann Bergeron noted that Brent Frank's remarks for the Committee would support the Department's presentation and advocate for restoration of the six percent reduction.

### **3. General Assembly Legislation**

- Delegate McDonnell reintroduced the restructuring bill, and restructuring language is also in the Governor's budget. Richard Kellogg discussed some possible restructuring ideas.
- It was noted that Val Marsh indicated in a newspaper article that, with no money, now is the time for true grass-roots planning about restructuring.
- The independent DRVD legislation (HB 9) was discussed. There is also a resolution requiring the Department to prepare an Olmstead plan. The Department has a bill requiring all state facility deaths to be reported to the medical examiner.

### **4. State Facility Flexibility in Scheduling Treatment Team Meetings**

- Richard Kellogg indicated that a memo has been sent to state facility directors about being more flexible in scheduling treatment team meetings to enable greater CSB participation.
- Not all CSBs have poly-communication capability, which could facilitate and reduce the logistical burden of increased attendance at treatment team meetings and increase CSB discharge planning activity. The Department will use some available mental health federal block grant funds (\$6,500 per CSB) this fiscal year to help CSBs acquire this capability.
- The group agreed to survey CSBs about their poly-com capacity and how much they need. (Subsequently, George Pratt notified the Department that the results of the survey supported allocating the \$6,500 for each CSB and the allocations have been made.)

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- Jim Thur suggested that a telecom network should be developed to share other resources (e.g., psychiatric consultations, training opportunities) among CSBs. Frank Tetrick noted that this could help address the lack of services parity across the state.
- A question arose about whether DMAS would cover services delivered through such a network. The Council expressed strong interest in developing a polycom network, but it would need to include DMAS reimbursement for clinical services.
- Richard Kellogg suggested putting together a planning process involving all system stakeholders to develop a proposal for the 2004 - 2006 biennium budget for a polycom network. The Council enthusiastically endorsed this proposal.

### **5. Medical Assessment Work Group Status**

- Dr. Evans discussed the origin of the concern and Delegate Watts' bill. He noted that he had been gathering information from the state facilities about the frequency and cost of referrals from state facilities to hospitals for health care immediately after admission.
- He mentioned that there will be a meeting on February 19 of CSB and state facility representatives to discuss this subject and the information from the state facilities. He agreed to send out the information before the meeting.
- He indicated that this is not a huge problem across the system, but the few cases that occur are a problem. Another major aspect of this problem relates to jail transfers. He said he hoped to develop a plan with a regional focus to reflect differences across the state.

### **6. SFY 2003 Performance Contract Exposure Draft**

- Richard Kellogg asked if the negotiating process used in previous years is still workable. George Pratt indicated that it was. He noted that the VACSB has a committee that is looking at the exposure draft of the performance contract.
- Richard Kellogg stated that Julie Stanley and Paul Gilding would represent the Department in the SFY 2003 negotiations, and that he would be less involved. He said this was a recognition that the process is working.

### **7. State Pharmacy and the Formulary Committee**

- Richard Kellogg discussed the projected \$2.7 million shortfall in the state pharmacy budget for this fiscal year and possible steps to address it, such as examining the prescribing practices of clinicians. He suggested that, all other things being equal clinically, cost needs to be a factor that is considered. He noted this is a difficult issue that should be approached in a collaborative manner.

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- Dr. Evans noted that no one wants to exclude certain medications from the formulary to save money, but there are several other approaches to managing prescribing practices and controlling pharmacy costs, such as preferred medications, tiered levels, and variable co-pays. Richard Kellogg indicated that not adding new patients would be another short term solution. Frank Tetrick said this could increase the impact of the budget cuts on services and consumers.
- Richard Kellogg suggested providing information to the CSBs and state facility medical directors about examining prescribing practices in light of the pharmacy budget shortfall.

### **8. Preadmission Screening Protocols**

- Dr. Reinhard discussed a process to develop protocols and distributed a list of potential work group members. The steering committee and work group approach used to develop the discharge planning protocols could be used for the preadmission screening protocols.
- Richard Kellogg proposed developing a draft by October, 2002 and then assessing impact and resource issues. He noted that the initial goal would be standardization of prescreening practices within CSBs, while recognizing the need to examine related subjects such as jail transfers, NGRI issues, and the TDO process. He suggested that perhaps JLARC should study the TDO process.

### **9. Ad Hoc POMS Work Group**

- Richard Kellogg discussed the internal Department meeting about streamlining POMS and expressed the hope that the Department and CSBs will have a productive dialogue about POMS.
- He suggested getting feedback from MR staff on the proposed MR POMS, since many of the measures are not outcome or performance measures. He also suggested that medication compliance and jail involvement be considered for self-report by all MH consumers.
- He noted that there is a movement nationally away from outcome measures to evidence-based practices, where these are known (e.g., PACT teams). Ron Manderschied is willing to meet with stakeholders about the state of evidence-based practices, perhaps in April.
- He indicated that his goal with POMS is to tell legislators that it is finished and successful. Once POMS is stabilized, he suggested that we could spend time on evidence-based practices, which might be able to replace some of POMS.

### **10. Workforce Summit Followup**

- The summit was described as very successful. The steering committee will meet on February 10 and will meet monthly thereafter. Another summit is proposed for this summer, with a report to be produced before that summit.

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- Jim Thur thanked the Department for its support and the funds for this activity and commended Neila Gunter for her work on this issue. Richard Kellogg thanked Jim and his colleagues for their involvement, noting this is a long term issue.

### **11. HIPAA**

- Julie Stanley reported that Department Central Office and state facility roles and responsibilities for HIPAA are being clarified
- She noted that there will be a joint meeting of the VACSB and Department HIPAA steering committees in February to share information about HIPAA efforts.

### **12. Second Opinions**

- NAMI of Virginia has become interested in consumer disputes with CSBs. A specific incident was discussed in which a CSB clinician changed a diagnosis and medications after a consumer had been discharged from a state facility, despite the consumer's objections. The person de-compensated and returned to the hospital. NAMI is raising human rights and legal concerns about this situation.
- Richard Kellogg asked about CSB and state facility receptivity to seeking second opinions in these situations. He suggested that state facility or Central Office staff could be available in certain situations to provide consultations and second opinions to CSBs in particularly sensitive situations and suggested that this could be added to the performance contract if that would be helpful.

### **13. Discharge Planning Protocols Barriers to Discharge**

- Charline Davidson discussed integrating the Comprehensive State Plan data base into the discharge planning protocols when the protocols are automated. She indicated a notice would be distributed to the field to continue quarterly reporting through December 31, 2001 using the existing process.
- She mentioned the need to have this information on a regular basis to address Olmstead concerns. For the third quarter, she suggested using a paper template based on the discharge protocols. Paper forms about extraordinary barriers to discharge should be submitted to the Commissioner's office as cases arise in accordance with the protocols, rather than continuing monthly reporting.

### **14. Psychiatric Bed Shortage**

- Richard Kellogg noted that legislation was introduced to study the problem and suggested waiting to see what happens to the legislation rather than setting up another work group. He indicated the Department wanted to work collaboratively with CSBs on this issue.

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- The Council agreed with this recommendation, but decided to keep it on the agenda for its next meeting.

### **15. Relationships Among CSBs, Department, and the System Leadership Council**

- Richard Kellogg mentioned the discussion at the Council's previous meeting about this subject. He told the group that he had sent a letter to Brent Frank about developing a memorandum of understanding (MOU), and that Mr. Frank agreed to draft an MOU.
- Richard Kellogg indicated that he was not interested in the inner workings of the VACSB, but noted that he discusses everything he can with the CSBs and he expected some reciprocity.

### **16. Base Funding**

- Richard Kellogg renewed his invitation to all CSBs to construct a method to identify base funding for CSBs. He indicated that the Department would not be in a position to request formula-allocated funds anymore. Instead, requests would be made for special projects and purchases of individualized services.

### **17. Next Meeting**

- The Council will meet next on March 22, 2002 at Hanover County CSB at 10:00 a.m. **Please note that the time has been changed to 11:00 a.m.**